Division of Acute Disease Epidemiology

2008 December Issue Volume 2 Issue 10

The CHESS Club for Providers

A Monthly Update for Users of Carolina's Health Electronic Surveillance System

Your Regional Epidemiologist

Region 4 Counties: Chesterfield, Darlington, Dillon, Florence, Marlboro, Marion, Clarendon, Kershaw, Lee, & Sumter

1. How long have you worked for DHEC?

"I came to DHEC in April of 1992, after moving back closer to home from Atlanta, Georgia. I quickly became cross trained to do a little of everything at the Lake City Health Department, Women Infants & Children Division (WIC), including immunization and prenatal follow up. My favorite was always infectious diseases like Tuberculosis and STD/ HIV. After 911 and the Anthrax attacks, the funding was available to establish fulltime Epidemiologist positions in all the public health regions to enhance surveillance. I applied for this position in 2002 and became a Disease Surveillance Response Coordinator."

Fran Hall
Contact Info: 145 East Cheves St.
Florence, SC 29506
(803) 773-5511

2. Where is your home town?

"I was born and raised in rural Indiantown, Williamsburg County, SC. I learned how to drive a tractor at age 7 and enjoyed hunting squirrel with my older brother. I currently live in historic Browntown, near Lake City, SC."

3. What part of being a epidemiologist gives you the most satisfaction?

"I enjoy leaving the box (my office) and doing shoe leather work. For instance, working with hospitals, labs, physicians, and first responders in the community to investigate an outbreak, solve the disease mystery, or improve an outcome to make a particular process better."

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5 Questions For Your Regional Epidemiologist, Continued

4. List one reportable condition that makes you "sick" when you report it in CHESS?
"Well any condition where I have to report that the victim died, especially when it may have been a vaccine preventable disease."

5. What beneficial bit of advice do you have to share with the providers in your region?
"Please utilize our 24/7 emergency epidemiology pager when applicable. Continue to work closely with your local health departments because, they are a valuable asset. Let CHESS work for you. You will be glad you did."

December's Holidays

Please note that the CHESS Help Desk will be unavailable on the following dates due to the Holidays:

December 2008

Sun	Mon	Tue	Wed	Thu	Fri	Sat
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	DHEC Closed 24	DHEC Closed 25	DHEC Closed 26	27
28	29	30	31			

Influenza Season Surveillance

By Chasisity Springs, Influenza Surveillance Epidemiologist

South Carolina 2008-2009 Influenza Season Surveillance

South Carolina influenza surveillance consists of the following mandatory and voluntary components:

- Positive rapid antigen influenza tests **(Do not enter in CHESS)**
  - Rapid antigen tests detect influenza virus type A or B, specifically, or types A and B without distinguishing them, from nasopharyngeal, throat specimens, or other specimens. Providers are required to report the total number of positive results only to DHEC **within 7 days**.

- Influenza associated pediatric deaths **(Do not enter in CHESS)**
  - Deaths in children up to and including 17 years of age thought to be influenza-related is **reportable to DHEC within 7 days**.

- Enhanced human avian influenza surveillance **(Do not enter in CHESS)**
  - Human infections with novel or avian influenza A virus (not H1 or H3) must be reported **IMMEDIATELY** to DHEC.

- Viral isolates **(Report in CHESS)**
  - Viral isolates obtained by culturing nasopharyngeal, throat or other respiratory specimens are the gold standard for influenza virus detection. Laboratory reports of influenza culture results should include patient name, age and address, including county and should be **reported to DHEC within 7 days**.

  - For providers that do not collect viral cultures but wish to do so, DHEC has a voluntary viral isolate network in which it provides culture media, packaging, processing and shipping labels free of charge to practices wishing to participate.

- Influenza like illness **(Do not enter in CHESS)**
  - This network monitors the number of patients presenting with influenza-like symptoms in the absence of another known cause. Providers submit weekly reports to the CDC of the total number of patients seen each week stratified by age group.

Influenza Season Surveillance..Continued

South Carolina 2008-2009 Influenza Season Surveillance

2008 Recommendations of the Advisory Committee on Immunization Practices regarding influenza vaccine and antiviral agents

Five principal changes or updates:

- Beginning with the 2008-09 influenza season, annual vaccination of all children aged 5-18 years is recommended.

- Annual vaccination of all children aged 6 months-4 years (59 months) and older children with conditions that place them at increased risk for complications from influenza should continue.

- Either TIV or LAIV can be used when vaccinating healthy persons aged 2-49 years. Children aged 6 months-8 years should receive 2 doses of vaccine if they have not been vaccinated previously at any time with either LAIV or TIV (doses separated by ≥4 weeks); Children aged 6 months-8 years who received only 1 dose in their first year of vaccination should receive 2 doses the following year. LAIV should not be administered to children aged <5 years with possible reactive airways disease. Children with possible reactive airways disease, persons at higher risk for influenza complications because of underlying medical conditions, children aged 6-23 months, and persons aged >49 years should receive TIV.

- The 2008-09 trivalent vaccine virus strains are A/Brisbane/59/2007 (H1N1)-like, A/Brisbane/10/2007 (H3N2)-like, and B/Florida/4/2006-like antigens.

- Oseltamivir-resistant influenza A (H1N1) strains have been identified in the United States and some other countries. However, oseltamivir or zanamivir continue to be the recommended antivirals for treatment of influenza.

Centers for Disease Control and Prevention. (2008). Prevention and control of influenza: recommendations of the Advisory Committee on Immunization Practices (ACIP), 2008. *MMWR, 57*(RR07), 1-60.

Please visit the DHEC Flu Monitoring website for weekly updated information:
http://www.scdhec.gov/health/disease/acute/flu.htm

In The Spotlight: "Rocky Mountain Spotted Fever"

CHESS Condition: Rocky Mountain Spotted Fever

Clinical Description: Rocky Mountain spotted fever (RMSF) is an illness caused by *Rickettsia rickettsii*, a bacterial pathogen transmitted to humans through contact with ticks. *Dermacentor* species of ticks are most commonly associated with infection, including *Dermacentor variabilis* (the American dog tick), *Dermacentor andersoni* (the Rocky Mountain wood tick), and more recently *Rhiphicephalus sanguineus* (the brown dog tick). Disease onset averages one week following a tick bite. Age specific illness is highest for children and older adults.
Illness is characterized by acute onset of fever, and may be accompanied by headache, malaise, myalgia, nausea/vomiting, or neurologic signs; a macular or maculopapular rash appears 4-7 days following onset in many (~80%) patients, often present on the palms and soles. RMSF may be fatal in as many as 20% of untreated cases, and severe, fulminant disease can occur.

Acute illness is best detected by polymerase chain reaction (PCR) and immunohistochemical methods (IHC) in skin biopsy specimens, and occasionally by PCR in appropriate whole blood specimens taken during the first week of illness, prior to antibiotic treatment. Serology can also be employed for detection, however an antibody response may not be detectable in initial samples, and paired acute and convalescent samples are essential for confirmation.

Clinical Evidence: Any reported fever and one or more of the following: rash, headache, myalgia, anemia, thrombocytopenia, or any hepatic transaminase elevation.

Laboratory criteria for confirmed and probable diagnosis
Laboratory confirmed:

- Serological evidence of a fourfold change in immunoglobulin G (IgG)-specific antibody titer reactive with *Rickettsia rickettsii* antigen by indirect immunofluorescence assay (IFA) between paired serum specimens (one taken in the first week of illness and a second 2-4 weeks later), or
- Detection of *R. rickettsii* DNA in a clinical specimen via amplification of a specific target by PCR assay, or

In The Spotlight: "Rocky Mountain Spotted Fever", Continued

- Demonstration of spotted fever group antigen in a biopsy or autopsy specimen by IHC, or
- Isolation of *R. rickettsii* from a clinical specimen in cell culture.

- Laboratory supportive:
  Has serologic evidence of elevated IgG or IgM antibody reactive with *R. rickettsii* antigen by IFA, enzyme-linked immunosorbent assay (ELISA), dot-ELISA, or latex\agglutination.

Note: Current commercially available ELISA tests are not quantitative, cannot be used to evaluate changes in antibody titer, and hence are not useful for serological confirmation. IgM tests are not strongly supported for use in serodiagnosis of acute disease, as the response may not be specific for the agent (resulting in false positives) and the IgM response may be persistent. Complement fixation (CF) tests and other older test methods are neither readily available nor commonly used. CDC uses in-house IFA IgG testing (cutoff of ≥1:64), preferring simultaneous testing of paired specimens, and does not use IgM results for routine diagnostic testing.

- Exposure: Exposure is defined as having been in potential tick habitats within the past 14 days before onset of symptoms. A history of a tick bite is not required.

Case Classification

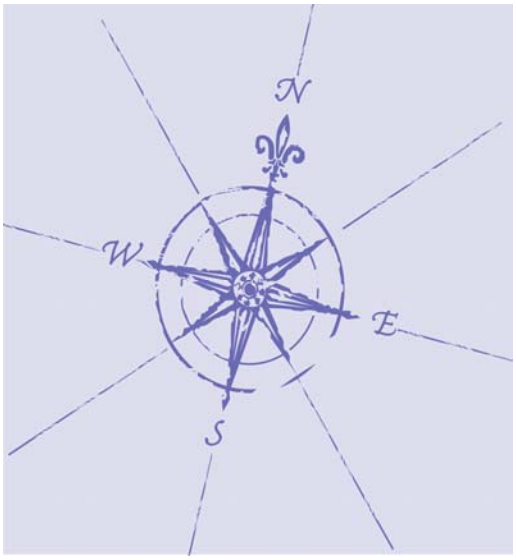
Confirmed: A clinically compatible case (meets clinical evidence criteria) that is laboratory confirmed.

Probable: A clinically compatible case (meets clinical evidence criteria) that has supportive laboratory results.

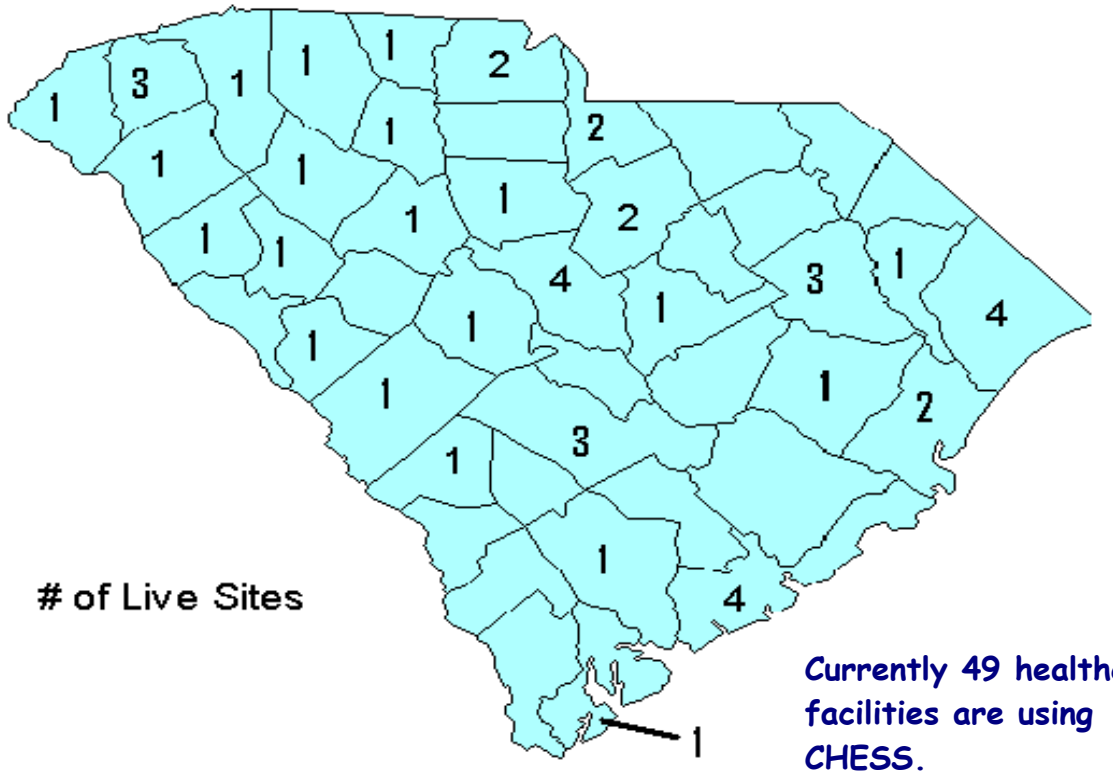
Suspect: A case with laboratory evidence of past or present infection but no clinical information available (e.g. a laboratory report).

CHESS LIVE—Complete Listing of Providers

- Aiken Regional Medical Ctr.
- AnMed Health
- Abbeville Count Hospital
- Barnwell County Hospital
- Benedict College Student Health Center
- Cannon Memorial Hospital
- Carolina Hospital System
- Carolina Infectious Disease and Critical Care Associates
- Lake City Memorial Hospital
- Laurens County
- Charleston Air Force Base
- Colleton Hospital
- Columbia College Gray Health Center
- Conway Hospital
- Coastal Carolina University Health Center
- Crossroads Family Practice and Urgent Care
- Easley Pediatrics, P.A.
- East Cooper Regional Medical Center
- Eau Claire Cooperative Health Centers
- Edgefield County Hospital
- Fairfield Memorial Hospital
- Family Diagnostics Associates
- Family Health Centers Inc.
- Family Medical Center of Blackville
- Georgetown Memorial Hospital
- Grand Strand Regional Medical Center
- Kershaw County Medical
- Loris Community Hospital
- Lifepoint, Inc.
- Marion County Medical Center
- MUSC Family Medicine
- New Day Family Practice
- Newberry County Hospital
- North Central Family Medical Center
- Oconee Memorial Hospital
- Palmetto Baptist Easley
- Parris Island Preventive Medicine
- Providence Hospital
- Regional Medical Center
- Three Rivers Behavioral Health
- Pee Dee Family Practice
- Self Memorial Hospital
- Sentinel Health Partners (Elgin)
- Shaw Air Force Base
- Spartanburg Regional Medical Center
- Upstate Carolina Medical Center
- Wallace Thompson Hospital
- Williamsburg Regional Hospital
- Winthrop University Health Center
- Waccamaw Community Hospital



CHESS Live Around the State



Currently 49 healthcare facilities are using CHESS.

Welcome New CHESS Users

Welcome Family Health Centers Inc., Family Diagnostics Associates, and Regional Medical Center, our newest CHESS Clubbers. We are delighted that you are now a part of our disease reporting CHESS family.

As we welcome more and more providers, we are making great strides to deploy CHESS to hospitals and medical facilities each month!

HAVE QUESTIONS? WE'VE GOT ANSWERS!

Are there any CHESS questions you would like answered? If so, please email your questions to: CHESSCARESIR@dhec.sc.gov We will feature your questions in the next issue of the CHESS Club for Providers newsletter.

Question: **I can't log into CHESS using my username and password. Is something wrong?**

Answer: Yes, it simply means your password has expired. There is a new password policy implemented for your protection. If this has happened to you, call the help desk to have your password reset. It will only take a few minutes.

Also, see page 11 of this newsletter to learn more about the new password policy.

4 Things You Should Know about Your CHESS Account

1. Remember to log into CHESS at least once every 30 days to keep your account status active. Logging into CHESS keeps your account from becoming deemed as inactive and possibly deleted.

2. If you or someone in your facility leaves or will no longer need to use CHESS, please let us know right a way. For security, we need to deactivate the accounts of anyone who is no longer using CHESS.

3. Every user is given a temporary password at their initial training. Please remember to personalize your password within a week after training. Any passwords left unchanged will also be deemed as inactive and possibly deleted.

4. Never give others the right to use your password for any reason.

By The Numbers — South Carolina 2008 So Far

Condition	Confirmed	Probable	Total
Animal Bite—PEP Recommended	324	0	324
Aseptic meningitis	112	0	112
Botulism, Infant	1	0	1
Brucellosis	1	1	2
Campylobacteriosis	234	0	234
Cholera	1	0	1
Ciguatera fish poisoning	0	0	0
Cryptosporidiosis	51	3	54
Cyclosporiasis	1	0	1
Dengue Fever	0	1	1
Ehrlichiosis, Chaffeensis	0	1	1
Encephalitis, Eastern Equine	0	0	0
Encephalitis- West Nile	0	0	0
Enterohem. E.coli O157:H7	1	0	1
Enterohem.E.coli shigatox+- ?serogrp	1	0	1
Giardiasis	123	1	124
Group A Streptococcus- invasive	64	0	64
Group B Streptococcus- invasive	43	0	43
Haemophilus influenzae- invasive	45	1	46
Hansen Disease (Leprosy)	1	0	1
Hemolytic uremic synd- postdiarrheal	1	0	1
Hepatitis A- acute	17	0	17
Hepatitis B- acute	55	1	56
Hepatitis B virus infection—Chronic	104	442	546
Hepatitis B virus infection—Perinatal	0	0	0
Hepatitis C- acute	3	0	3
Hepatitis C Virus Infection- past or present	3,803	106	3,909
Hepatitis Delta co- or super-infection- acute	1	0	1
Hepatitis E- acute	0	0	0
Influenza- human isolates	255	0	255
Legionellosis	13	0	13
Listeriosis	5	0	5
Lyme disease	11	16	27
Malaria	8	0	8
Mumps	0	0	0
Neisseria meningitidis- invasive (Mening. disease)	20	1	21
Pertussis	95	14	109
Rocky Mountain spotted fever	6	50	56
S. aureus, vancomycin intermediate susc (VISA)	0	0	0
Salmonellosis	1,075	3	1,078
Shiga toxin-producing Escherichia coli (STEC)	35	3	38
Shigellosis	516	11	527
Strep pneumoniae- invasive	486	0	486
Streptococcal disease- invasive- other	1	0	1
Typhoid Fever (Salmonella Typhi)	2	0	2
Toxic-shock syndrome- staphylococcal	0	0	0
Varicella (Chickenpox)	419	349	768
Vibrio parahaemolyticus	4	0	4
Vibrio spp.- non-toxigenic- other or unspecified	5	0	5
Vibrio vulnificus infection	3	0	3
West Nile Fever	0	2	2
Yersiniosis	5	0	5

The Bulletin Board

Are you hosting an event? Are there any events you would like to see posted? Is there an event you would like the CARES IR/ CHESS training team to attend?

If so, please send event information to:
CHESSCARESIR@dhec.sc.gov

Or call the CHESS/CARES IR Help Desk at **1-800-917-2093**

Your input is important to us! So please call us with your comments and suggestions. If you have a questions, your CHESS training team is only a phone call away!

New Password Policy

For the added protection of your CHESS account, a new password policy has been implemented.

New passwords must meet 3 of the 4 requirements below:

1.) Lower Case: abc
2.) Upper Case: ABC
3.) Numeric: 123
4.) Special Characters: !@#

Enforce Password history	8 passwords remembered
Maximum password age	90 days
Minimum password length	8 characters

If your password currently does not meet this complexity, you will not be required to change it until the next time you change your password or your password expires.

If you have not changed your password within 90 days, it will expire immediately and force a password change.